

1999 MASSACHUSETTS
Behavioral Risk Factor Surveillance System
FINAL VERSION
March 2, 1999

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HELLO, I'm _____ calling for the
. We're doing a study of the health practices of
residents. Your phone number has been chosen randomly by the
to be included in the study, and we'd like to ask some questions about
things people do which may affect their health.

Is this _____ ?

No

Thank you very much, but I
seem to have dialed the
wrong number, It's
possible that your number
may be called at a later
time. **Stop**

Is this a private residence?

No

Thank you very much, but we
are only interviewing
private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____. **If "you," go to page 3**

To correct respondent Hello, I'm calling for the _____. I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential. This call may be monitored for quality control purposes.

SECTION 1: HEALTH STATUS

1.1. Would you say that in general your health is: ()

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor	5
Do not	Don't know/Not Sure	7
read these		
responses	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? ()

a. Number of days	_____	_____
b. None		8
Don't know/Not sure		7
Refused		9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? ()

a. Number of days	_____	_____
b. None If Q1.2 also "None," go to Q2.1		8
Don't know/Not sure		7
Refused		9

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? ()

a. Number of days	_____	_____
b. None		8
Don't know/Not sure		7
Refused		9

SECTION 2: HEALTH CARE ACCESS

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? ()

- a. Yes 1
- b. No **Go to Q2.3a** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? ()

- a. Yes **Go to Q2.6** 1
- b. No 2
 - Don't know/not sure 7
 - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? ()

Is it coverage through: Coverage Code — —

Please Read

- a. Your employer **Go to Q2.4** 0 1
- b. Someone else's employer **Go to Q2.4** 0 2
- c. A plan that you or someone else buys on your own **Go to Q2.4** 0 3
- d. Medicare **Go to Q2.6** 0 4
- e. Medicaid or Mass Health **Go to Q2.4** 0 5
- f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] **Go to Q2.4** 0 6
- g. The Indian Health Service [or the Alaska Native Health Service] **Go to Q2.4** 0 7
 - or
- h. Some other source **Go to Q2.4** 0 8

Do not
read these
responses

- None **Go to Q2.5** 8 8
- Don't know/Not sure **Go to Q2.4** 7 7
- Refused **Go to Q2.4** 9 9

- 2.3a. There are some types of coverage you may not have considered.
Please tell me if you have any of the following: ()

Coverage through: Coverage Code — —

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare Go to Q2.6	0 4
	e. Medicaid or Mass Health	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
	None Go to Q2.5	8 8
Do not read these responses	Don't know/Not sure Go to Q2.6	7 7
	Refused Go to Q2.6	9 9

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? ()

a. Yes Go to Q2.6	1
b. No Go to Q2.6	2
Don't know/Not sure Go to Q2.6	7
Refused Go to Q2.6	9

2.5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? ()

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

2.7. About how long has it been since you last visited a doctor for a routine checkup? ()

Read Only if Necessary

- | | | |
|---|---|---|
| A routine
checkup is a
general phys-
ical exam, not
an exam for
a specific
injury, ill-
ness, or con-
dition | a. Within the past year (1 to 12 months ago) | 1 |
| | b. Within the past 2 years (1 to 2 years ago) | 2 |
| | c. Within the past 5 years (2 to 5 years ago) | 3 |
| | d. 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

SECTION 3: HYPERTENSION AWARENESS

- 3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? ()

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to 6 months ago) | 1 |
| b. | Within the past year (6 to 12 months ago) | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | 3 |
| d. | Within the past 5 years (2 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Never Go to Q4.1 | 8 |
| | Refused | 9 |
- 3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? ()
- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q4.1 | 2 |
| | Don't know/Not sure Go to Q4.1 | 7 |
| | Refused Go to Q4.1 | 9 |
- 3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?
- | | | |
|----|---------------------|---|
| a. | More than once | 1 |
| b. | Only once | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 4: CHOLESTEROL AWARENESS

- 4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? ()
- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No If Stratum = Boston, go to MA4a.1, else go to MA5.1 | 2 |
| | Don't know/Not sure If Stratum = Boston, go to MA4a.1, else go to MA5.1 | 7 |
| | Refused If Stratum = Boston, go to MA4a.1, else go to MA5.1 | 9 |

4.2. About how long has it been since you last had your blood cholesterol checked? ()

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? ()

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

IF STRATUM = BOSTON, CONTINUE WITH MA4A.1; ELSE GO TO MA5.1

SECTION 4a: HEART DISEASE

MA4a.1 Have you ever been told by a doctor or other health professional that you have heart disease?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SECTION 5: DIABETES

MA5.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q5.1 | 2 |
| Don't know/Not sure Go to Q5.1 | 7 |
| Refused Go to Q5.1 | 9 |

MA5.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information

	Yes	No	DK	Ref
a. From television	-1	-2	-7	-9
b. From the radio	-1	-2	-7	-9
c. From a billboard	-1	-2	-7	-9
d. From a newspaper or magazine	-1	-2	-7	-9
e. From a brochure or other printed material?	-1	-2	-7	-9
f. From a doctor or other health professional?	-1	-2	-7	-9
g. From family or a friend?	-1	-2	-7	-9
h. At work?	-1	-2	-7	-9

5.1. Have you ever been told by a doctor that you have diabetes?

If "Yes" and female, ask "Was this only when you were pregnant?"

a. Yes	1
b. Yes, but female told only during pregnancy Go to Q6.1	2
c. No Go to Q6.1	3
Don't know/not sure GO TO Q6.1	7
Refused Go to Q6.1	9

MOD1.1 (HAVE DIAB:) How old were you when you were told you have diabetes?

CODE AGE IN YEARS:	--
76/+	-76
DK.	-77
REF.	-99

MOD1.2 Are you now taking insulin?

YES.....)	-1-
NO.....	-2-GO TO MOD1.4
DON'T KNOW/NOT SURE	-7-GO TO MOD1.4
REFUSED.....	-9-GO TO MOD1.4

MOD1.3 (INSULIN:) Currently, about how often do you use insulin?

NUMBER OF TIMES:	PER DAY)	1	_	_
	WEEK	2	_	_
USE INSULIN PUMP...)		3	3	3
DON'T KNOW/NOT SURE		7	7	7
REFUSED.....		9	9	9

MOD1.4 (ALL DIAB:) About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

NUMBER OF TIMES:	PER DAY.)	1	_	_
	WEEK	2	_	_
	MONTH	3	_	_
	YEAR	4	_	_
NEVER.....		8	8	8
DON'T KNOW/NOT SURE		7	7	7
REFUSED.....		9	9	9

MOD1.5 Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MOD1.6 About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

NUMBER OF TIMES:	_	_	
NONE	8	8	-GO TO MA5.3
DK	7	7	-GO TO MA5.3
REF	9	9	-GO TO MA5.3

IF MOD1.5=1, CONTINUE; IF MOD1.5>1, GO TO MOD1.8

MOD1.7 About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

NUMBER OF TIMES:	— —
NONE	8 8
DK	7 7
REF	9 9

MOD1.8 About how many times in the last year has a health professional checked your feet for any sores or irritations?

NUMBER OF TIMES:	— —
NONE	8 8
DK	7 7
REF	9 9

MA5.3 Have you ever had a foot ulcer/sore/irritation that took longer than two weeks to heal?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA5.4 When was the last time you had an exam in which your feet were examined for numbness or loss of feeling?

Read Only if Necessary

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

MOD1.9 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

MOD1.10 How much of the time does your vision limit you in recognizing people or objects across the street?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

MOD1.11 How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

MOD1.12 How much of the time does your vision limit you in watching television?

Would you say -- all of the time?,.....	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5
DK.....	-7
REF.....	-9

MA5.5 Have you received education from any of the following on how to care for your diabetes--

	yes	no	dk	ref
a. a nurse or nurse practitioner?.....)	-1	2	7	9
b. a nutritionist or dietitian?.....	-1	2	7	9
c. a diabetes class?.....	-1	2	7	9
d. a doctor? or?.....	-1	2	7	9
e. someone else (spec:_____)?.....	-1	2	7	9

SECTION 6: ORAL HEALTH

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? ()

Read only if necessary

Include visits to dental specialists, such as orthodontists	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

6.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. ()

Include teeth lost due to "infection"	a. 5 or fewer	1
	b. 6 or more but not all	2
	c. All	3
	d. None	8
	Don't know/Not sure	7
	Refused	9

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1.

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? ()

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

SECTION 7: SKIN CANCER

7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? ()

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q8.1 | 2 |
| Don't know/Not sure Go to Q8.1 | 7 |
| Refused Go to Q8.1 | 9 |

7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- | | |
|---------------------|---|
| a. One | 1 |
| b. Two | 2 |
| c. Three | 3 |
| d. Four | 4 |
| e. Five | 5 |
| f. Six or more | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SECTION 8: TOBACCO USE

8.1. Have you smoked at least 100 cigarettes in your entire life? (106)

5 packs

= 100

cigarettes

- | | |
|----------------------------------|---|
| a. Yes | 1 |
| b. No Go to MA8.24 | 2 |
| Don't know/Not sure Go to MA8.24 | 7 |
| Refused Go to MA8.24 | 9 |

MA8.1 About how old were you when you smoked your first whole cigarette?

Age (years).....	-	__
7 or younger.....	-	07
76 or older.....	-	76
DON'T KNOW/NOT SURE	-	77
REFUSED.....	-	99

MA8.2 About how old were you when you first started smoking fairly regularly? (AT LEAST 1-2 TIMES PER WEEK)

Age (years).....	-	__
10 or younger.....	-	10
76 or older.....	-	76
NEVER SMOKED REGULARLY	-	88
DON'T KNOW/NOT SURE...	-	77
REFUSED.....	-	99

8.2. Do you now smoke cigarettes everyday, some days, or not at all? (107)

- | | |
|--------------------------|---|
| a. Everyday | 1 |
| b. Some days Go to MA8.3 | 2 |
| c. Not at all Go to Q8.5 | 3 |
| Refused Go to MA8.24 | 9 |

8.3. On the average, about how many cigarettes a day do you now smoke? (108-109)

1 pack = 20
cigarettes

Number of cigarettes [76 = 76 or more]
Go to MA8.4
Don't know/Not sure Go to MA8.4
Refused Go to MA8.4

7	7
9	9

MA8.3 On how many of the past 30 days did you smoke cigarettes?

NUMBER OF DAYS.....	=	=	
NONE.....	-88-		CODE 99 FOR 8.3a AND GO TO MA8.4
DON'T KNOW/NOT SURE...	-77		
REFUSED.....	-99		

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (110-111)

1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more]	___	___
	Don't know/Not sure	7	7
	Refused	9	9

MA8.4 How soon after you awake in the morning do you usually smoke your first cigarette?

HOURS AND MINUTES:

```
IMMEDIATELY.....) -0000
DON'T KNOW/NOT SURE. -2357
REFUSED..... -2359
```

GO TO MA8.6

8.5 About how long has it been since you last smoked cigarettes regularly, that is, daily? (113-114)

Time code__ __

Read Only if Necessary

- | | | | |
|----|--|--------------|-----|
| a. | Within the past month (0 to 1 month ago) | Go to MA8.6 | 0 1 |
| b. | Within the past 3 months (1 to 3 months ago) | Go to MA8.6 | 0 2 |
| c. | Within the past 6 months (3 to 6 months ago) | Go to MA8.6 | 0 3 |
| d. | Within the past year (6 to 12 months ago) | Go to MA8.6 | 0 4 |
| e. | Within the past 5 years (1 to 5 years ago) | | 0 5 |
| f. | Within the past 15 years (5 to 15 years ago) | Go to MA8.24 | 0 6 |
| g. | 15 or more years ago | Go to MA8.24 | 0 7 |
| | Don't know/Not sure | Go to MA8.24 | 7 7 |
| | Never smoked regularly | Go to MA8.24 | 8 8 |
| | Refused | Go to MA8.24 | 9 9 |

MA8.5 Was this within the past three years?

- | | | |
|--------------------------------|--------------|---|
| a. Within the past three years | GO TO MA8.15 | 1 |
| b. More than three years | GO TO MA8.24 | 2 |
| Don't know/Not sure | GO TO MA8.24 | 7 |
| Refused | GO TO MA8.24 | 9 |

MA8.6 (IF Q8.2 = 1,2): What brand do you usually smoke?

(IF Q8.2 = 3): Just before you quit smoking, what brand did you usually smoke?

BASIC.....)	-06	MONTCLAIR.....	-56
BENSON & HEDGES.....	-08	NEWPORT.....	-62
CAMBRIDGE.....	-16	NOW.....	-64
CAMEL.....	-18	PALL MALL.....	-66
CARLTON.....	-20	PARLIAMENT.....	-68
GPC.....	-32	SALEM.....	-84
KENT.....	-36	STERLING.....	-85
KOOL.....	-38	TRUE.....	-88
LUCKY STRIKE.....	-46	VICEROY.....	-90
MARLBORO.....	-48	VIRGINIA SLIMS..	-92
MERIT.....	-50	WINSTON.....	-94
MISTY.....	-52	ALL DIFF TYPE...	-95
MONARCH.....	-54	GENERIC IN GEN.	-96
		OTHER.....	-97
		DON'T KNOW.....	-77
		REF.....	-99

MA8.7 Are the words "light" or "ultra-light" on the package of the brand you usually... (IF Q8.2 = 1,2): smoke? (IF Q8.2 = 3): smoked?

- | | | |
|------------------|----------------------------------|----|
| | a. Light | -1 |
| Probe for | b. Ultra-light | -2 |
| which | c. Yes, but can't remember which | -3 |
| | d. No | -4 |
| | e. Don't know | -7 |
| | f. Refused | -9 |

MA8.8 (IF Q8.2 = 1,2): Do... (IF Q8.2 = 3): Did... you usually smoke menthol cigarettes?

- | | |
|---------------------|----|
| YES.....) | -1 |
| NO..... | -2 |
| DON'T KNOW/NOT SURE | -7 |
| REFUSED..... | -9 |

IF Q8.2=1, GO TO Q8.4; IF Q8.2=2, GO TO MA8.9; IF Q8.5=1-4, GO TO MA8.12

8.4 During the past 12 months, have you quit smoking for 1 day or longer?
(112)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

GO TO MA8.10

MA8.9 During the past 12 months, have you intentionally quit smoking for 1 day or longer?

- | | |
|---------------------|----|
| YES.....) | -1 |
| NO..... | -2 |
| DON'T KNOW/NOT SURE | -7 |
| REFUSED..... | -9 |

MA8.10 Are you planning to quit smoking in the next 30 days?

- | | |
|---------------------|-----------------|
| YES.....) | -1-GO TO MA8.12 |
| NO..... | -2 |
| DON'T KNOW/NOT SURE | -7 |
| REFUSED..... | -9 |

MA8.11 Are you thinking about quitting smoking in the next 6 months?

- | | |
|---------------------|----|
| YES.....) | -1 |
| NO..... | -2 |
| DON'T KNOW/NOT SURE | -7 |
| REFUSED..... | -9 |

MA8.12 (CURRENT SMOKERS AND RECENT QUITTERS) In the past 12 months, did a medical doctor or assistant advise you to stop smoking?

- | | |
|------|----|
| YES) | -1 |
| NO.. | -2 |
| DK.. | -7 |
| REF. | -9 |

MA8.13 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

- | | |
|----------|--------------|
| YES) | -1 |
| NO.. -2- | GO TO MA8.15 |
| DK.. -7- | GO TO MA8.15 |
| REF. -9- | GO TO MA8.15 |

MA8.14 I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	YES	NO	DK	REF
a. from television?,.....)	-1	-2	-7	-9
b. from the radio?,.....)	-1	-2	-7	-9
c. from a billboard?,.....)	-1	-2	-7	-9
d. from a doctor?,.....)	-1	-2	-7	-9
e. from a dentist?,.....)	-1	-2	-7	-9
f. from another health care professional?,.....)	-1	-2	-7	-9
g. at work?,.....)	-1	-2	-7	-9
h. from family or a friend?,.....)	-1	-2	-7	-9
i. from a newspaper or magazine?,.....)	-1	-2	-7	-9
j. from a brochure or other printed material?..)	-1	-2	-7	-9
k. by calling the Smokers Telephone Quit-Line?..)	-1	-2	-7	-9

MA8.15 (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin?

YES) -1
 NO.. -2- GO TO MA8.24
 DK.. -7- GO TO MA8.24
 REF. -9- GO TO MA8.24

MA8.16 Thinking back to the last time you used these products, which of the following stop-smoking products did you use? I am going to read you a list, since some people use more than one at the same time. Please tell me which product or products you used the last time. (IF MORE THAN ONE MENTIONED, CODE FIRST TWO THAT ARE MENTIONED.)

Gum.....	-1
Patch.....	-2
Inhaler.....	-3
Pill (i.e., Zyban, Wellbutrin).....	-4
Other (specify_____).	-5
DK.....	-7
REF.....	-9

MA8.17 Again thinking about your most recent use, which of the following best describes the main reason you used this (these) product(s)?

PLEASE READ THE FIRST 4 RESPONSES:

As a substitute in places where I can't smoke	1
To try to quit smoking	2
To cut down on the amount I smoke	3
Or is there some other reason (specify)_____	4
DK	7
REF	9

MA8.18 About how long did you use this (these) product(s)?

DAYS	1	--
WEEKS	2	--
MONTHS	3	--

Don't know	777
Refused	999

MA8.19 Did you buy this (these) product(s) over-the-counter (that is, directly from the store without a prescription) or did you have a prescription?

OTC.....	-1
Prescription.....	-2
Both OTC and prescription.....	-3
DK.....	-7
REF.....	-9

MA8.20 Did you pay for this (these) product(s) completely on your own, or did an insurance plan or other medical assistance cover at least part of the cost?

Self.....	-1
Insurance.....	-2
DK.....	-7
REF.....	-9

MA8.21 Did you smoke any cigarettes or use any other tobacco products on the same day that you used this (these) stop-smoking product(s)?

YES)	-1
NO..	-2
DK..	-7
REF.	-9

IF Q8.2=3, GO TO MA8.22; IF Q8.2=1,2, GO TO MA8.23

MA8.22 (FORMER SMOKERS) You earlier said that you have not smoked ____ (FILL IN RESPONSE CATEGORY from Q8.5 = 1-4 or MA8.5 = 1). Did you use any of these stop-smoking products for the quit attempt when you actually stopped smoking?

YES)	-1	GO TO MA8.24
NO..	-2	GO TO MA8.24
DK..	-7	GO TO MA8.24
REF.	-9	GO TO MA8.24

MA8.23 (CURRENT SMOKERS) Overall, how satisfied were you with this (these) stop-smoking product(s)? Would you say you were..

a.	Not at all satisfied	1
b.	Somewhat satisfied	2
c.	Satisfied	3
d.	Very satisfied	4
	Don't know	7
	Refused	9

MA8.24 (ASK ALL:) Is there anyone else living in your household who smokes cigarettes?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA8.25 Have you ever smoked a cigar, even just a few puffs?

cigar =	a. Yes	1
large cigar		
cigarillo,	b. No Go to MA8.28	2
or small cigar		
	Don't know/Not sure Go to MA8.28	7
	Refused Go to MA8.28	9

MA8.26 When was the last time you smoked a cigar?

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago) Go to MA8.28	0 2
c. Within the past 6 months (3 to 6 months ago) Go to MA8.28	0 3
d. Within the past year (6 to 12 months ago) Go to MA8.28	0 4
e. Within the past 5 years (1-5 years ago) Go to MA8.28	0 5
f. Within the past 15 years (5-15 years ago) Go to MA8.28	0 6
g. 15 or more years ago Go to MA8.28	0 7
Don't know/not sure Go to MA8.28	7 7
Refused Go to MA8.28	9 9

MA8.27 In the past month, did you smoke cigars: PLEASE READ

a. Everyday	1	
b. Several times per week	2	
c. Once per week	3	
d. Less than once per week	4	
Do not	Don't know/Not sure	7
read these	Refused	9
responses		

MA8.28 Do you believe that switching from cigarettes to cigars reduces a smoker's chance of illness?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA8.29 Do you believe that smoking low tar and low nicotine cigarettes carries less risk of illness than smoking regular cigarettes?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA8.30 Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

| * Concerning smoking in (NAME OF PLACE) -- should it be allowed
| without restriction, should it be permitted only in designated areas,
or not be allowed at all?

(After first three, you may read "How about...?")

	ALLOW W/OUT RESTRICT	PERMIT ONLY DESIG. AREAS	NT ALLOW AT ALL	DK	REF
a. Restaurants?.....)	-1	-2	-3	-7	-9
b. Indoor work areas? (*).....	-1	-2	-3	-7	-9
c. Bars and cocktail lounges? (*)	-1	-2	-3	-7	-9
d. Indoor sporting events? (*)...	-1	-2	-3	-7	-9
e. Outdoor sporting events? (*)..	-1	-2	-3	-7	-9
f. Indoor shopping malls? (*)....	-1	-2	-3	-7	-9

MA8.31 If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now?

MORE OFTEN.....-1
LESS OFTEN.....-2
ABOUT THE SAME.....-3
DON'T EAT IN RESTAURANTS.....-4
DON'T KNOW/NOT SURE.....-7
REFUSED.....-9

MA8.32 Which statement best describes the rules about smoking in your home

-- no one is allowed to smoke anywhere?,.....) -1
smoking is allowed in some places or at some times?, -2
or smoking is permitted anywhere?..... -3
DON'T KNOW/NOT SURE..... -7
REFUSED..... -9

MA8.33 In Massachusetts, it is against the law to sell cigarettes to anyone under 18 years old. How many storekeepers do you think are careful about not selling to people under 18? Would you say --

-- all?,...) -1
most?... -2
some?,... -3
or none? -4
DK..... -7
REF..... -9

SECTION 9: ALCOHOL CONSUMPTION

9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- | | | | | |
|----|---------------------|--------------------|--|---|
| a. | Yes | | | |
| b. | No | Go to Q10.1 | | 2 |
| | Don't know/Not sure | Go to Q10.1 | | 7 |
| | Refused | Go to Q10.1 | | 9 |

9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?()

- | | | | | |
|----|---------------------|-------------------|---|-----|
| a. | Days per week | | 1 | |
| b. | Days per month | | 2 | |
| | Don't know/Not sure | Go to Q9.4 | 7 | 7 7 |
| | Refused | Go to Q9.4 | 9 | 9 9 |

9.3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?()

- | | | | |
|--|---------------------|---|---|
| | Number of drinks | | |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

a. Number of times		
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

9.5. During the past month, how many times have you driven when you've had perhaps too much to drink?()

a. Number of times		
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

SECTION 10: DEMOGRAPHICS

10.1. What is your age? ()

Code age in years		
Don't know/Not sure	0	7
Refused	0	9

10.2. What is your race? ()

Would you say: **Please Read**

a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
or	
e. Other: [specify] _____	5
Don't know/Not sure	7
Refused	9

Do not
read these
responses

10.3. Are you of Spanish or Hispanic origin?()

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

10.4. Are you: ()

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

10.5. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|---------|
| Code 1-9 | a. less than 5 years old? | ___ () |
| 7 = 7 or more | b. 5 through 12 years old? | ___ () |
| 8 = None | c. 13 through 17 years old? | ___ () |
| 9 = Refused | | |

If number of adults = 1 and Q10.5a =8 and 10.5b=8 and 10.5c=8, go to Q10.6.

In order to better understand the health issues affecting all members of your household, we also need to know the exact ages of each person currently living in your household.

MA10.1 Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages

0 = < 1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1 ___

b. Person #2 ___

[Etc.]

10.6. What is the highest grade or year of school you completed?

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

10.7. Are you currently: ()

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

10.8. Is your annual household income from all sources: ()

Read as Appropriate

If res-
pondent
refuses
at any
income
level,
code
refused

a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
d. Less than \$10,000 If "no," code c	0 1
e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
h. \$75,000 or more	0 8
Don't know/Not sure	7 7
Refused	9 9

Do not
read these
responses

10.9. About how much do you weigh without shoes? ()

Round
fractions up

Weight	— — —
	pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

10.10. About how tall are you without shoes? ()

Round
fractions down

Height	— / — —
	ft/inches
Don't know/Not sure	7 7 7
Refused	9 9 9

[NO COUNTY QUESTION!]

MA10.2. What city or town do you live in?

AMHERST.... -008	FITCHBURG.. -097	MILTON.....-189	SOMERSET..... -273
ARLINGTON...-010	FRAMINGHAM. -100	NATICK.....-198	SOMERVILLE.... -274
ATTLEBORO.. -016	FRANKLIN... -101	NEEDHAM..... -199	SOUTHBRIDGE... -278
BELMONT.... -026	GARDNER.... -103	NEW BEDFORD. -201	SPRINGFIELD... -281
BEVERLY.... -030	GLOUCESTER. -107	NEWBURYPORT. -206	STONEHAM..... -284
BOSTON..... -035	HAVERHILL.. -128	NEWTON..... -207	STOUGHTON..... -285
BRAINTREE.. -040	HOLYOKE.... -137	N. ADAMS.... -209	TAUNTON..... -293
BROCKTON... -044	LAWRENCE... -149	NORTHAMPTON. -214	WAKEFIELD..... -305
BROOKLINE.. -046	LEOMINSTER. -153	N. ANDOVER.. -210	WALTHAM..... -308
BURLINGTON. -048	LEXINGTON.. -155	N. ATTLEBORO -211	WATERTOWN..... -314
CAMBRIDGE.. -049	LONGMEADOW. -159	NORWOOD..... -220	WELLESLEY..... -317
CANTON..... -050	LOWELL..... -160	PEABODY..... -229	W. SPRINGFIELD -325
CHELMSFORD. -056	LUDLOW..... -161	PITTSFIELD.. -236	WESTFIELD..... -329
CHELSEA.... -057	LYNN..... -163	QUINCY..... -243	WEYMOUTH..... -336
CHICOPEE... -061	MALDEN..... -165	RANDOLPH.... -244	WILMINGTON.... -342
DANVERS.... -071	MARBLEHEAD. -168	READING..... -246	WINCHESTER.... -344
DEDHAM..... -073	MARLBOROUGH -170	REVERE..... -248	WINTHROP..... -346
EASTHAMPTON -087	MEDFORD.... -176	ROCKLAND.... -251	WOBURN..... -347
EVERETT.... -093	MELROSE.... -178	SALEM..... -258	WORCESTER..... -348
FAIRHAVEN.. -094	METHUEN.... -181	SAUGUS..... -262	OTHER: (SPEC
FALL RIVER. -095	MILFORD.... -185	SHREWSBURY.. -271	BELOW)..... -888
			DK..... -777
			REF..... -999

ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E.
 BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY,
 MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON)

MA10.3 What is your zip code?

Zip code	0 _ _ _
Don't know/not sure	77777
Refused	99999

IF MA10.2 = 35 or (STRATUM = BOSTON AND MA10.2 = 888 or 777) continue with MA10.4. Else go to Q10.12.

MA10.4 What neighborhood in Boston do you live in?

- | | | |
|----|-----------------------|----|
| a. | Allston, Brighton | 01 |
| b. | Back Bay, Beacon Hill | 02 |
| c. | Charlestown | 03 |
| d. | Chinatown | 04 |
| e. | Dorchester | 05 |
| f. | Downtown | 06 |
| g. | East Boston | 08 |
| h. | Fenway | 10 |
| i. | Hyde Park | 11 |
| j. | Jamaica Plain | 12 |
| k. | Mattapan | 13 |
| l. | Mission Hill | 14 |
| m. | North End | 15 |
| n. | Roslindale | 16 |
| o. | Roxbury | 17 |
| p. | South Boston | 18 |
| q. | South End | 19 |
| r. | West End | 20 |
| s. | West Roxbury | 21 |
| t. | Other (Specify_____) | 22 |
| | Don't live in Boston | 88 |
| | Don't know/not sure | 77 |
| | Refused | 99 |

10.12. Do you have more than one telephone number in your household?

- | | | |
|----|----------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q10.14 | 2 |
| | Refused Go to Q10.14 | 9 |

10.13. How many residential telephone numbers do you have? ()

Exclude dedicated fax and computer lines

Total telephone numbers [8 = 8 or more]

Refused 9

10.14. Indicate sex of respondent. Ask Only if Necessary ()

- | | |
|--------|---|
| Male | 1 |
| Female | 2 |

Now I have some questions about other health services you may have received. If male, go to Q12.1.

SECTION 11: WOMEN'S HEALTH

11.1. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? ()

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q11.4 | 2 |
| Don't know/Not sure Go to Q11.4 | 7 |
| Refused Go to Q11.4 | 9 |

11.2. How long has it been since you had your last mammogram?

Read only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? ()

- | | |
|-------------------------------------|---|
| a. Routine checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? ()

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q11.7 | 2 |
| Don't know/Not sure Go to Q11.7 | 7 |
| Refused Go to Q11.7 | 9 |

11.5. How long has it been since your last breast exam? ()

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? ()

- | | |
|-------------------------------------|---|
| a. Routine Checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? ()

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q11.10 | 2 |
| Don't know/Not sure Go to Q11.10 | 7 |
| Refused Go to Q11.10 | 9 |

11.8. How long has it been since you had your last Pap smear? ()

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? ()

- | | |
|--------------------------------------|---|
| a. Routine exam | 1 |
| b. Check current or previous problem | 2 |
| c. Other | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.10. Have you had a hysterectomy? ()

- | | |
|---------------------------|---|
| a. Yes Go to Q12.1 | 1 |
|---------------------------|---|

A hysterectomy

tomy is an	b. No	2
operation		
to remove the	Don't know/Not sure	7
uterus (womb)	Refused	9

If respondent 45 years old or older, go to Q12.1

11.11. To your knowledge, are you now pregnant? ()

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

SECTION 12: IMMUNIZATION

12.1. During the past 12 months, have you had a flu shot? ()

a. Yes	1
b. No Go to Q12.3	2
Don't know/Not sure Go to Q12.3	7
Refused Go to Q12.3	9

12.2 At what kind of place did you get your last flu shot? ()

Read Only if Necessary

a. A doctor's office or health maintenance organization	0 1
b. A health department	0 2
c. Another type of clinic or health center [Example: a community health center]	0 3
d. A senior, recreation, or community center	0 4
e. A store [Examples: supermarket, drug store]	0 5
f. A hospital or emergency room	0 6
g. Workplace	0 7
h. Other [specify] _____	0 8
Don't know/Not sure	7 7
Refused	9 9

12.3. Have you ever had a pneumonia vaccination? ()

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If respondent 40 years or older, continue with Q13.1. If respondent <40 and Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1.

SECTION 13: COLORECTAL CANCER SCREENING

13.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? ()

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q13.3 | 2 |
| Don't know/Not sure Go to Q13.3 | 7 |
| Refused Go to Q13.3 | 9 |

13.2. When did you have your last blood stool test using a home kit?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

13.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? ()

- | | |
|---|---|
| a. Yes | 1 |
| b. No If male, go to MA13a.1. If female, and Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1. | 2 |
| Don't know/Not sure | 7 |
| If male, go to MA13a.1. If female, and Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1. | |
| Refused | 9 |
| If male, go to MA13a.1 If female, and Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1. | |

13.4. When did you have your last sigmoidoscopy or colonoscopy?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If male, continue with MA13a.1.

If female and Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3.

Else go to Q14.1.

SECTION 13A: PROSTATE CANCER

MA13a.1 A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?

- | | |
|-----------------------------------|---|
| a. Yes | 1 |
| b. No Go to MA13a.3 | 2 |
| Don't know/Not sure Go to MA13a.3 | 7 |
| Refused Go to MA13a.3 | 9 |

MA13a.2 When did you have your last digital rectal exam?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA13a.3 A Prostate Specific Antigen or PSA blood test is a blood test used by some doctors to check for prostate cancer. Have you ever had a PSA blood test?

- | | |
|--|---|
| a. Yes | 1 |
| b. No If Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1. | 2 |
| Don't know/Not sure If Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3 | 7 |
| Else go to Q14.1. | |
| Refused If Q10.5a and Q10.5b and Q10.5c are all "None," go to Q14.3. Else go to Q14.1. | 9 |

MA13a.4 When did you have your last PSA blood test?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If Q10.5a, b, and c are all "None," go to Q14.3.

If MA10.1 is complete, and age of oldest child ≥ 5 , go to Q14.2 If MA10.1 is complete and age of oldest child < 5 , to to Q14.3.

SECTION 14: INJURY CONTROL

14.1. What is the age of the oldest child in your household under the age of 16? ()

Code
<1 yr.
as "01"

- | | | |
|-----------------------------|--------------------|-----|
| a. Code age in years | | |
| b. No children under age 16 | Go to Q14.3 | 8 8 |
| Don't know/Not sure | Go to Q14.3 | 7 7 |
| Refused | Go to Q14.3 | 9 9 |

If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3.

14.2. During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle? ()

Would you say: **Please Read**

- | | |
|-----------------------|---|
| a. Always | 1 |
| b. Nearly Always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Never rides a bicycle | 8 |
| Refused | 9 |

Do not
read these
responses

- 14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? ()

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent is 65 years old or older, go to SECTION 17: DISABILITY, ACTIVITY LIMITATION AND QUALITY OF LIFE

SECTION 15: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

- 15.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? ()

**Code 01
through 12**

- | | |
|---------------------|-------|
| a. Grade | _____ |
| b. Kindergarten | 5 5 |
| c. Never | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

- 15.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? ()

- | | |
|-------------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Would give other advice | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS? ()

- | | | |
|---------------------|---------------------|---|
| Would you say: | Please Read | |
| a. High | | 1 |
| b. Medium | | 2 |
| c. Low | | 3 |
| or | | |
| d. None | | 4 |
| Not applicable | Go to Q15.7a | 5 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

**Do not
read these
responses**

15.4. Have you donated blood since March 1985? ()

- | | | |
|---------------------|---------------------|---|
| a. Yes | | 1 |
| b. No | Go to Q15.6a | 2 |
| Don't know/Not sure | Go to Q15.6a | 7 |
| Refused | Go to Q15.6a | 9 |

15.5. Have you donated blood in the past 12 months? ()

- | | | |
|---------------------|--|---|
| a. Yes | | 1 |
| b. No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? ()

- | | | |
|---------------------|--|---|
| a. Yes | Go to Q15.7 | 1 |
| b. No | If age 18-25 go to SECTION 16,
else go to SECTION 17 | 2 |
| Don't know/Not sure | If age 18-25,
go to SECTION 16, else go to SECTION 17 | 7 |
| Refused | If age 18-25, go to SECTION 16,
else go to SECTION 17 | 9 |

**Include
saliva
tests**

15.6a Have you ever been tested for HIV? ()

Include saliva tests	a. Yes Go to Q15.7a	1
	b. No If age 18-25, go to SECTION 16, else go to SECTION 17	2
	Don't know/Not sure If age 18-25, go to SECTION 16, else go to SECTION 17	7
	Refused If age 18-25, go to SECTION 16, else go to SECTION 17	9

15.7 Not including your blood donations, have you been tested for HIV in the past 12 months? ()

Include saliva tests	a. Yes Go to Q15.8	1
	b. No If age 18-25, go to SECTION 16, else go to SECTION 17	2
	Don't know/Not sure If age 18-25, go to SECTION 16, else go to SECTION 17	7
	Refused If age 18-25, go to SECTION 16, else go to SECTION 17	9

15.7a. Have you been tested for HIV in the past 12 months? ()

Include saliva tests	a. Yes	1
	b. No If age 18-25, go to SECTION 16, else go to SECTION 17	2
	Don't know/Not sure If age 18-25, go to SECTION 16, else go to SECTION 17	7
	Refused If age 18-25, go to SECTION 16, else go to SECTION 17	9

15.8. What was the main reason you had your last test for HIV? ()

Read Only if Necessary

- | | |
|--|-----|
| a. For hospitalization or surgical procedure | 0 1 |
| b. To apply for health insurance | 0 2 |
| c. To apply for life insurance | 0 3 |
| d. For employment | 0 4 |
| e. To apply for a marriage license | 0 5 |
| f. For military induction or military service | 0 6 |
| g. For immigration | 0 7 |
| h. Just to find out if you were infected | 0 8 |
| I. Because of referral by a doctor | 0 9 |
| j. Because of pregnancy | 1 0 |
| k. Referred by your sex partner | 1 1 |
| l. Because it was part of a blood donation process | |

If age 18-25 go to SECTION 16, else go to

SECTION 17

- | | |
|-------------------------------------|-----|
| m. For routine check-up | 1 2 |
| n. Because of occupational exposure | 1 3 |
| o. Because of illness | 1 4 |
| p. Because I am at risk for HIV | 1 5 |
| q. Other | 1 6 |
| Don't know/Not sure | 8 7 |
| Refused | 7 7 |
| | 9 9 |

15.9. Where did you have your last test for HIV? ()

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

15.10. Did you receive the results of your last test? ()

a. Yes	1
b. No If age 18-25, go to SECTION 16, else go to SECTION 17	2
Don't know/Not sure If age 18-25, go to SECTION 16, else go to SECTION 17	7
Refused If age 18-25, go to SECTION 16, else go to SECTION 17	9

15.11. Did you receive counseling or talk with a health care professional about the results of your test? ()

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If age 18-25 go to SECTION 16, else go to SECTION 17.

SECTION 16: SEXUAL BEHAVIOR

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

MA16.1. During the past twelve months, with how many people have you had sexual intercourse?()

- | | |
|---------------------------------|-----|
| a. Number [76 = 76 or more] | — — |
| b. None Go to SECTION 17 | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

MA16.2. Was a condom used the last time you had sexual intercourse?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

SECTION 17: DISABILITY, ACTIVITY LIMITATION, AND QUALITY OF LIFE

The next two questions are about your support needs and life satisfaction.

MA17.1 How often do you get the social and emotional support you need? Would you say:

PLEASE READ

- | | | |
|--------------|-----------------------|---|
| a. Always | 1 | |
| b. Usually | 2 | |
| c. Sometimes | 3 | |
| d. Rarely | 4 | |
| e. Never | 5 | |
| Do not | Don't know / Not sure | 7 |
| read these | Refused | 9 |
| responses | | |

MA17.2 In general, how satisfied are you with your life? Would you say:

PLEASE READ

	a. Very satisfied	1
	b. Satisfied	2
	c. Dissatisfied	3
	d. Very dissatisfied	4
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

These next questions are about limitations you may have in your daily life.

MA17.3 Are you limited in the kind or amount of work you can do because of any impairment or health problem?

a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

MA17.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

MA17.5 If you use special equipment or help from others to get around, what type do you use?

CODE UP TO THREE RESPONSES

- | | | | |
|----|---|---------------------|----|
| a. | No special equipment or help used | GO TO MA17.7 | 01 |
| b. | Other people | | 02 |
| c. | Cane or walking stick | | 03 |
| d. | Walker | | 04 |
| e. | Crutch or crutches | | 05 |
| f. | Manual wheelchair | | 06 |
| g. | Motorized wheelchair | | 07 |
| h. | Electric mobility scooter | | 08 |
| i. | Artificial leg | | 09 |
| j. | Brace | | 10 |
| k. | Service animal [i.e., guide dog or other animal specifically trained to provide assistance] | | 11 |
| l. | Oxygen / special breathing equipment | | 12 |
| m. | Other (specify): _____ | | 13 |
| | Don't know / Not sure | | 77 |
| | Refused | | 99 |

MA17.6 Using special equipment or help, what is the farthest distance that you can go? Would you say:

PLEASE READ

- | | | |
|----|-------------------------------------|---|
| a. | Across a small room | 1 |
| b. | About the length of a typical house | 2 |
| c. | About one or two city blocks | 3 |
| d. | About one mile | 4 |
| e. | More than one mile | 5 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA17.7 What is the farthest distance you can walk by yourself, without any special equipment or help from others? Would you say:

PLEASE READ

- | | | |
|----|-------------------------------------|---|
| a. | Not any distance | 1 |
| b. | Across a small room | 2 |
| c. | About the length of a typical house | 3 |
| d. | About one or two city blocks | 4 |
| e. | About one mile | 5 |
| f. | More than one mile | 6 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA17.8 Are you limited in any way in any activities because of any impairment or health problem?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No IF "YES" TO MA17.3 OR MA17.4 OR "B-M" | |

ON MA17.5, CONTINUE. OTHERWISE, GO TO MA17.11 2

Don't know / Not sure IF "YES" TO MA17.3
OR MA17.4 OR "B-M" ON MA17.5, CONTINUE.
OTHERWISE, GO TO MA17.11 7

Refused IF "YES" TO MA17.3 OR MA17.4 OR "B-M" ON
MA17.5, CONTINUE. OTHERWISE, GO TO MA17.11 9

MA17.9 What is the MAJOR impairment or health problem that limits your activities?

Reason Code

If respondent says	a. Arthritis / rheumatism	01
"I'm not limited," say	b. Back or neck problem	02
"I'm referring to the	c. Fractures, bone / joint injury	03
impairment you	d. Walking problem	04
indicated on an	e. Lung / breathing problem	05
earlier question."	f. Hearing problem	06
	g. Eye / vision problem	07
	h. Heart problem	08
	i. Stroke problem	09
	j. Hypertension / high blood pressure	10
	k. Diabetes	11
	l. Cancer	12
	m. Depression / anxiety / emotional problem	13
	n. Other impairment/problem	14
	Don't know / Not sure	77
	Refused	99

MA17.10 Is this impairment or health problem the result of a work-related illness or injury?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Go to 17.13

MA17.11 A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

- | | | |
|----|-------------------------------------|---|
| a. | Yes | 1 |
| b. | No GO TO MA17.21 | 2 |
| | Don't know / Not sure GO TO MA17.21 | 7 |
| | Refused GO TO MA17.21 | 9 |

MA17.12 What is your major disability?

-
- | | |
|-----------------------|---|
| Don't know / Not sure | 7 |
| Refused | 9 |

GO TO MA17.17

MA17.13 For HOW LONG have your activities been limited because of your major impairment or health problem?

- | | | | | |
|----|-----------------------|---|---|-----|
| a. | Days | 1 | — | — |
| b. | Weeks | 2 | — | — |
| c. | Months | 3 | — | — |
| d. | Years | 4 | — | — |
| | Don't know / Not sure | | 7 | 7 7 |
| | Refused | | 9 | 9 9 |

MA17.14 Would you say your limitation is:

Please Read

- | | | |
|-----------------|---------------------|---|
| a. | mild | 1 |
| b. | moderate | 2 |
| | or | |
| c. | severe | 3 |
| Do not read | don't know/not sure | 7 |
| these responses | refused | 9 |

MA17.15 Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA17.16 Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

GO TO MA17.21

MA17.17 For HOW LONG have you had your main disability?

- | | | | | |
|----|-----------------------|---|---|---|
| a. | Days | 1 | — | — |
| b. | Weeks | 2 | — | — |
| c. | Months | 3 | — | — |
| d. | Years | 4 | — | — |
| | Don't know / Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

MA17.18 Would you say your disability is:

Please Read

- | | | |
|------------------------|---------------------|---|
| a. | mild | 1 |
| b. | moderate | 2 |
| | or | |
| c. | severe | 3 |
| Do not read | don't know/not sure | 7 |
| these responses | refused | 9 |

MA17.19 Because of your disability, do you need the help of other persons with your **PERSONAL CARE** needs, such as eating, bathing, dressing, or getting around the house?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA17.20 Because of your disability, do you need the help of other persons in handling your **ROUTINE NEEDS**, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA17.21 During the past 30 days, for about how many days did **PAIN** make it hard for you to do your usual activities, such as self-care, work, or recreation?

- | | | |
|----|-----------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know / Not sure | 7 7 |
| | Refused | 9 9 |

MA17.22 During the past 30 days, for about how many days have you felt **SAD, BLUE, or DEPRESSED**?

- | | | |
|----|-----------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know / Not sure | 7 7 |
| | Refused | 9 9 |

MA17.23 During the past 30 days, for about how many days have you felt **WORRIED, TENSE, or ANXIOUS**?

- | | | |
|----|-----------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know / Not sure | 7 7 |
| | Refused | 9 9 |

MA17.24 During the past 30 days, for about how many days have you felt that you did not get **ENOUGH REST or SLEEP**?

- | | | |
|----|-----------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know / Not sure | 7 7 |
| | Refused | 9 9 |

MA17.25 During the past 30 days, for about how many days have you felt **VERY HEALTHY and FULL OF ENERGY**?

- | | | |
|----|----------------|----|
| a. | Number of days | -- |
|----|----------------|----|

b.	None	8 8
	Don't know / Not sure	7 7
	Refused	9 9

If number of adults equals 1 and Q10.5a, Q10.5b and Q10.5c are all "none," and female <45, go to MA18.1. If number of adults equals 1 and Q10.5a, Q10.5b and Q10.5c are all "none and (female => 45 or male), go to MA19.1.

MA17.26 Is there anyone [insert "else" if "yes" to MA17.3, MA17.4, MA17.8, or MA17.11 or "b-m" to MA17.5] in your household who has a disability or who is LIMITED in any way in any activities because of any impairment or health problem?

a.	Yes	1
b.	No If female <45, go to MA18.1. Else if female >= 45 or male, go to MA19.1	2
	Don't know/Not sure If female <45, go to MA18.1. Else if female >= 45 or male, go to MA19.1	7
	Refused If female <45, go to MA18.1. Else if female >= 45 or male, go to MA19.1	9

MA17.27 How old are these people?

Code ages	a.	person 1	— —
97 = 97 and older	b.	person 2	— —
98 = Dk/Ns	c.	person 3	— —
99 = Refused	d.	person 4	— —
	e.	person 5	— —

If (female <45 and Q11.10 = 2,7,or 9), go to MA18.1. Else if female >= 45 or (female <45 and Q11.10 = 1) or male, go to MA19.1

SECTION 18: FOLIC ACID

MA18.1 Do you currently take any vitamin pills or supplements?()

Include liquid supplements	a.	Yes	1
	b.	No Go to MA18.4	2
		Don't know/Not sure Go to MA18.4	7
		Refused Go to MA18.4	9

MA18.2 Are any of these a multivitamin? ()

a.	Yes	1
b.	No Go to MA18.4	2
	Don't know/Not sure Go to MA18.4	7
	Refused Go to MA18.4	9

MA18.3 How often do you take these multivitamins?

- | | | | |
|---------------------|---|---|---|
| a. Times per day | 1 | | |
| b. Times per week | 2 | | |
| c. Times per month | 3 | | |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

MA18.4 Have you heard of the B vitamin folic acid?

- | | |
|--|---|
| a. Yes If (MA18.1 = 1 and MA18.2 = 2,7,9 go to MA18.5). If (MA18.1 = 2,7,9) or (MA18.1 = 1 and MA18.2 = 1) go to MA18.7. | 1 |
| b. No Go to Q19.1 | 2 |
| Don't know/Not sure Go to Q19.1 | 7 |
| Refused Go to Q19.1 | 9 |

MA18.5 Do any of the vitamin pills or supplements you take contain folic acid?

- | | |
|----------------------------------|---|
| a. Yes | 1 |
| b. No Go to MA18.7 | 2 |
| Don't know/Not sure Go to MA18.7 | 7 |
| Refused Go to MA18.7 | 9 |

MA18.6 How often do you take this vitamin pill or supplement?()

- | | | | |
|---------------------|---|---|---|
| a. Times per day | 1 | — | — |
| b. Times per week | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

MA18.7 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

- | | |
|-----------------------------------|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure | 3 |
| or | |
| d. Some other reason | 4 |

- | | | |
|-----------------------------|---------------------|---|
| Do not read these responses | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 19: VARICELLA

MA19.1 Have you or anyone else currently living in your household had chickenpox in the past 12 months?

- | | | |
|----|----------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to MA19.3 | 2 |
| c. | Don't know/Not sure Go to MA19.3 | 7 |
| d. | Refused Go to MA19.3 | 9 |

MA19.2 What are the current ages of all those who had chickenpox in the past 12 months?

Code ages

0 = <1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1____

b. Person #2____

[Etc.]

MA19.3 Have you or anyone else currently living in your household ever had shingles?

- | | | |
|----|---|---|
| a. | Yes Continue to MA19.4 | 1 |
| b. | No Go to MA19.3 CHECKPOINT | 2 |
| c. | Don't know/Not sure Go to MA19.3 CHECKPOINT | 7 |
| d. | Refused Go to MA19.3 CHECKPOINT | 9 |

MA19.3 CHECKPOINT

If (MA10.2 = 35) or (STRATUM = Boston and MA10.2 = 888 or 777), go to MA20.1.

Else: If Q2.2=1 or Q2.3=4 or Q2.3a=4, go to MA21.1.

If Q2.3=5 or Q2.3a=5, go to MA21.2

If Q2.3 =1,2,3,8,77,99 or Q2.3a=1,2,3,8,77,99 go to MA21.3

If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to SECTION 22: HEALTH INSURANCE - CHILD

If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a=8 and Q10.5b=8 and Q10.5c=8), go to MA23.1

MA19.4 What are the current ages of all those who ever had shingles?

Code ages,

0 = <1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1 ____

b. Person #2 ____

[Etc.]

MA19.5 (Ask for each person listed in MA19.4, in the same order as MA19.4) How old were you (or, if more than one person listed in MA19.4, the person who is now __ years old) when they had shingles?

Code ages,

0 = <1 year

a. Person #1____

97 = 97 and older
 98 = Dk/Ns
 99 = Ref

b. Person #2____
 [Etc.]

If (MA10.2 = 35) or (STRATUM = Boston and MA10.2 = 888 or 777) go to MA20.1.

Else: If Q2.2=1 or Q2.3=4 or Q2.3a=4, go to MA21.1.
 If Q2.3=5 or Q2.3a=5, go to MA21.2
 If Q2.3 =1,2,3,8,77,99 or Q2.3a=1,2,3,8,77,99 go to MA21.3
 If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to SECTION 22: HEALTH INSURANCE - CHILD
 If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a=8 and Q10.5b=8 and Q10.5c=8), go to MA23.1

SECTION 20: ASTHMA

MA20.1 Have you or anyone else currently living in your household ever been told by a doctor or other health professional that they have asthma?()

- | | |
|--|---|
| a. Yes Continue with MA20.2 | 1 |
| b. No Go to MA20.1 CHECKPOINT | 2 |
| Don't know/Not sure Go MA20.1 CHECKPOINT | 7 |
| Refused Go to MA20.1 CHECKPOINT | 9 |

MA20.1 CHECKPOINT

If Q2.2=1 or Q2.3=4 or Q2.3a=4, go to MA21.1.
 If Q2.3=5 or Q2.3a=5, go to MA21.2
 If Q2.3 =1,2,3,8,77,99 or Q2.3a=1,2,3,8,77,99 go to MA21.3
 If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to SECTION 22: HEALTH INSURANCE - CHILD
 If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a=8 and Q10.5b=8 and Q10.5c=8), go to MA23.1

MA20.2 What are the current ages of all those who have been told they have asthma?

Code ages

0 = <1 year	a. Person #1____
97 = 97 and older	b. Person #2____
98 = Dk/Ns	[Etc.]
99 = Ref	

MA20.3 (Ask for each person listed in MA20.2, in the same order as in MA20.2) During the past 12 months, has the person in your household who has asthma, [insert if more than one person listed in MA20.2 "who is ____ years old"] had an asthma attack, episode of asthma, or taken prescription medications for asthma (such as albuterol, inhaled steroids, cromolyn, theophylline, etc.)?

Yes No Dk Ref

a. Person 1	1	2	7	9
b. Person 2	1	2	7	9
[Etc.]				

SECTION 21: HEALTH PLAN

If Q2.2=1 or Q2.3=4 or Q2.3a=4, go to MA21.1.

If Q2.3=5 or Q2.3a=5, go to MA21.2

If Q2.3 =1,2,3,8,77,99 or Q2.3a=1,2,3,8,77,99 go to MA21.3

If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to SECTION 22: HEALTH INSURANCE - CHILD

If (Q2.3 = 6,7,88 or Q2.3a = 6,7,88) and (Q10.5a=8 and Q10.5b=8 and Q10.5c=8), go to MA23.1

MA 21.1 The next question is about your Medicare coverage. For your medical care through Medicare, are you a member of an HMO like Secure Horizons Tufts Health Plan for Seniors, Harvard Pilgrim First Seniority, Blue Care 65, Fallon Senior Plan, or some other HMO?

- | | |
|---|---|
| a. Yes (go to MA21.3) | 1 |
| b. No (If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD,
else go to MA23.1 | 2 |
| c. Don't know (go to MA21.3) | 7 |
| d. Refused (go to MA21.3) | 9 |

MA21.2 The next question is about your MassHealth or Medicaid coverage. For your medical care through MassHealth or Medicaid, are you a member of an HMO like Harvard Pilgrim Health Care, Neighborhood Health Plan, Fallon Community Health Plan, or some other HMO?

- | | |
|--|---|
| a. Yes (go to MA21.3) | 1 |
| b. No (If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to
SECTION 22: HEALTH INSURANCE - CHILD, else go to MA23.1 | 2 |
| Don't know (If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD,
else go to MA23.1 | 7 |
| Refused (If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD,
else go to MA23.1 | 9 |

MA21.3 I'm going to read a list of health plan names. Please tell me if you belong to any of the following health plans. (If MA21.2 = 1, do not read MA21.3, part a "Blue Cross/Blue Shield" of part c "Tufts Health Plan")

PLEASE READ

- a. Blue Cross/Blue Shield (go to MA21.3a) 1
- b. Harvard Pilgrim Health Care if (MA21.1=1,7,9) or
(Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65)
go to MA21.3b, otherwise go to MA21.5 2
- c. Tufts Health Plan if (MA21.1=1,7,9) or
(Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65)
go to MA21.3c, else go to MA21.5 3
- d. Fallon Community Health Plan (go to MA21.5) 4
- e. Neighborhood Health Plan (go to MA21.5) 5
- or
- f. Some other health plan (specify)_____(go to MA21.5) 6
- g. Don't know If (MA21.1=1,7,9) or (Q2.2 = 2 and
Q2.3 ne 4 and Q2.3a ne 4 and age ge 65) go to MA21.4.
Else if Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD. Else go to MA23.1 7
- h. Refused If (MA21.1=1,7,9) or (Q2.2 = 2 and
Q2.3 ne 4 and Q2.3a ne 4 and age ge 65) go to MA21.4.
Else if Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8,
go to SECTION 22: HEALTH INSURANCE - CHILD. Else go to MA23.1 9

MA21.3a Blue Cross/Blue Shield has a number of different health plans. Is the specific Blue Cross/Blue Shield plan you belong to called....?

PLEASE READ

- a. Blue Choice 1
- b. HMO Blue 2
- c. Blue Care 65 3
- d. Blue Care Elect 4
- e. Network Blue 5
- f. Master Medical 6
- g. Master Health 8
- h. MEDEX 10
- g. Or something else? (specify)____ 11
- Don't know 77
- Refused 99

Go to MA21.5.

MA21.3b Is the specific Harvard Pilgrim Health Care plan you belong to called First Seniority?

- | | |
|------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know | 7 |
| Refused | 9 |

Go to MA21.5.

MA21.3c Is the specific Tufts Health Plan you belong to called Secure Horizons Tufts Health Plan for Seniors?

- | | |
|------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know | 7 |
| Refused | 9 |

Go to MA21.5

MA21.4 [If MA21.1=7,9, add: "Just to be sure"] I'm going to read a list of health plan names that some people with Medicare belong to. Please tell me if you belong to any of the following health plans.

PLEASE READ

- | | |
|--|---|
| a. Blue Care 65 | 1 |
| b. First Seniority | 2 |
| c. Secure Horizons | 3 |
| d. Fallon Senior Plan | 4 |
| d. MEDEX | 5 |
| or | |
| e. Some other health plan (specify) _____ | 6 |
| f. Don't know(If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD,
else go to MA23.1 | 7 |
| g. Refused (If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8),
go to SECTION 22: HEALTH INSURANCE - CHILD,
else go to MA23.1 | 9 |

MA21.5 How long have you belonged to your current health plan?

- | | |
|-----------------------|---|
| a. Less than 6 months | 1 |
| b. 6 months to 1 year | 2 |
| c. 1-2 years | 3 |
| d. More than 2 years | 4 |
| e. Don't know | 7 |
| f. Refused | 9 |

If Q10.5a ne 8 or Q10.5b ne 8 or Q10.5c ne 8), go to SECTION 22: HEALTH INSURANCE - CHILD. Else go to MA23.1.

SECTION 22: HEALTH INSURANCE - CHILD

The next few questions are about health insurance and health care for children.

IF MORE THAN ONE CHILD, go to MA22.1.

If MA10.1a = 99, go to MA22.2.

IF ONLY ONE CHILD, go to MA22.3.

MA22.1 We need to ask these questions only about one child in a household. What is the age of the child in your household, under the age of 18, who has had the most recent birthday?

- | | | |
|----|---|-----|
| a. | Age (years, if <1, code 0) Go to MA22.3 | ___ |
| b. | Don't know/not sure Go to MA23.1 | 77 |
| c. | Refused Go to MA23.1 | 99 |

MA22.2 If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday?

- | | | |
|----|---------------------------------------|-----|
| a. | Age (years, if <1, code 0) | ___ |
| b. | No children in household Go to MA23.1 | 88 |
| b. | Don't know/not sure Go to MA23.1 | 77 |
| c. | Refused Go to MA23.1 | 99 |

MA22.3. IF ONLY ONE CHILD: Please answer the next few questions about the child in your household. IF MA22.1 = 0-17 or MA22.2 = 0-17: Please answer the next questions only about this child. How are you related to this child? Is this child a(n)...?

PLEASE READ

- | | | |
|----|--------------------------------------|----|
| a. | Natural-born or adopted son/daughter | 01 |
| b. | Stepson/stepdaughter | 02 |
| c. | Grandchild | 03 |
| d. | Foster child | 04 |
| e. | Niece or nephew | 05 |
| f. | Brother or sister | 06 |
| g. | Other relative | 07 |
| h. | Other non-relative | 08 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

MA22.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

- | | | |
|--------|---------------------|---|
| a. Yes | GO TO MA22.6 | 1 |
| b. No | | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA22.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

- | | |
|--------|---------------------|
| a. Yes | 1 |
| b. No | 2 |
| | Don't know/Not sure |
| | Refused |
| | 7 |
| | 9 |

MA22.6. About how long has it been since this child last visited a doctor for a routine check-up or physical examination?

- | | |
|--|------------|
| a. Within 1 month | 1 |
| b. Within the past 3 months (1-3 months) | 2 |
| c. Within the past 6 months (3-6 months) | 3 |
| d. Within the past year (6-12 months) | 4 |
| e. More than one year | 5 |
| | Don't know |
| | Refused |
| | 7 |
| | 9 |

MA22.7. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

- | | |
|--------|---------------------|
| a. Yes | 1 |
| b. No | 2 |
| | Don't know/Not sure |
| | Refused |
| | 7 |
| | 9 |

IF AGE<6, GO TO MA22.9.

MA22.8. Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

- | | |
|--------|---------------------|
| a. Yes | 1 |
| b. No | 2 |
| | Don't know/Not sure |
| | Refused |
| | 7 |
| | 9 |

MA22.9. Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 23: GAMBLING

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA23.1 I'm going to read a list of different kinds of gambling and games of chance. These are: lottery games including scratch tickets, numbers or Keno; bingo, video poker machines, or card games for money; horse or dog races; sports pools; or going to a casino. In the last 12 months, have you gambled or played games of chance for money?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No If Q10.5b<8 or Q10.5c<8 go to SECTION 24:
ABSTINENCE. Else if age >=65, go to SECTION 27:
ELDER HEALTH. If female and age 18-59, go to
SECTION 25: SEXUAL ASSAULT. If (female and age 60-64
or Q10.1 = 7,9) or (male and age <=64), go to MA28.1. | 2 |
| | Don't know/Not sure
If Q10.5b<8 or Q10.5c<8 go to SECTION 24:
ABSTINENCE. Else if age >=65, go to SECTION 27:
ELDER HEALTH. If female and age 18-59, go to
SECTION 25: SEXUAL ASSAULT. If (female and age 60-64
or Q10.1 = 7,9) or (male and age <=64), go to MA28.1. | 7 |
| | Refused If Q10.5b<8 or Q10.5c<8 go to SECTION 24:
ABSTINENCE. Else if age >=65, go to SECTION 27:
ELDER HEALTH. If female and age 18-59, go to
SECTION 25: SEXUAL ASSAULT. If (female and age 60-64
or Q10.1 = 7,9) or (male and age <=64), go to MA28.1. | 9 |

MA23.2 At any time in your life would you or anyone else in your family say that the money or time you have spent gambling has led to financial problems or any other problems in your family, work, or personal life?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If Q10.5b<8 or Q10.5c<8 go to SECTION 24: ABSTINENCE. Else if age >=65, go to SECTION 27: ELDER HEALTH. If female and age 18-59, go to SECTION 25: SEXUAL ASSAULT. If (female and age 60-64 or Q10.1 = 7,9) or (male and age <=64), go to MA28.1.

SECTION 24: ABSTINENCE

The next few questions ask you about your perceptions and attitudes about adolescent sexual activity including abstaining from sexual activity until marriage.

MA24.1 During the past 30 days, about how often have you heard or seen messages on TV or radio, or during public events, promoting the importance of teens delaying sexual activity until marriage?

PLEASE READ

- | | |
|--|---|
| a. Not at all in the past 30 days | 1 |
| b. About once or twice in the past 30 days | 2 |
| c. About once a week | 3 |
| d. Several times a week | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA24.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

a. Number _____

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

Don't know/Not sure	77
Refused	99

MA24.3 Starting at what age do think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? For example, this could include talking about abstinence.

Age (years) _____
 DK/Not sure 77
 Refused 99

IF (MA10.1a or MA10.1b or MA10.1c, etc. is between 9 and 17) or (Q10.5c <8), go to MA24.4.

Else if age >=65, go to SECTION 27: ELDER HEALTH. If female and age 18-59, go to SECTION 25: SEXUAL ASSAULT. If (female and age 60-64 or Q10.1 = 7,9) or (male and age <=64), go to MA28.1.

MA24.4 Regarding the oldest child in your household between the ages of 9 and 17... is this child male or female?

- | | |
|-----------|---|
| a. Male | 1 |
| b. Female | 2 |

Refused

9

If the old child in the household between the ages of 9 and 17 is selected for Section 22: HEALTH INSURANCE - CHILD, go to MA24.6.

MA24.5 How are you related to this child? Is this child a(n)...?

PLEASE READ

- | | | |
|----|--------------------------------------|----|
| a. | Natural-born or adopted son/daughter | 01 |
| b. | Stepson/stepdaughter | 02 |
| c. | Grandchild | 03 |
| d. | Foster child | 04 |
| e. | Niece or nephew | 05 |
| f. | Brother or sister | 06 |
| g. | Other relative | 07 |
| h. | Other non-relative | 08 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

MA24.6 During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

PLEASE READ

- | | | |
|----|----------------------------------|---|
| a. | More than once a month | 1 |
| b. | About once a month | 2 |
| c. | About once every few months | 3 |
| d. | Once in the past 12 months | 4 |
| e. | Not at all in the past 12 months | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If age >=65, go to SECTION 27: ELDER HEALTH. If female and age 18-59, go to SECTION 25: SEXUAL ASSAULT. If (female and age 60-64 or Q10.1 = 7,9) or (male and age <=64), go to MA28.1.

SECTION 25: SEXUAL ASSAULT

These next questions are of a personal nature. Many people have experienced unwanted sexual contact. People who have experienced these contacts do not always report them to the police or other authorities or discuss them with family or friends. The person who makes these unwanted sexual contacts isn't always a stranger, but can be a friend, boyfriend or girlfriend, or even a family member. Also these incidents could have happened either when you were a child or as an adult. Regardless of how long ago it happened or who made the unwanted sexual contact,

MA25.1 Has anyone ever had sexual contact with you against your will?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to SECTION 26: PARTNER VIOLENCE | 2 |
| Don't know/not sure Go to SECTION 26: PARTNER VIOLENCE | 7 |
| Refused SECTION 26: PARTNER VIOLENCE | 9 |

MA25.2 How long ago did the MOST RECENT unwanted sexual contact happen?

Please read if necessary

- | | |
|----------------------------------|----|
| a. Within the past 12 months | 01 |
| b. 1 to 5 years ago | 02 |
| c. 6 to 10 years ago | 03 |
| d. 11 to 15 years ago | 04 |
| e. 16 to 20 years ago | 05 |
| f. 21 to 25 years ago | 06 |
| g. 26 to 30 years ago | 08 |
| h. 31 to 35 years ago | 10 |
| i. 36 to 40 years ago | 11 |
| j. 41 or more years ago | 12 |

Do not read	Don't know/not sure	77
these responses	Refused	99

MA25.3 **What was your relationship with the person who had this unwanted sexual contact with you?**

PLEASE READ

- | | | |
|----|---|----|
| a. | Stranger | 01 |
| b. | Current or ex husband or live-in partner | 02 |
| c. | Date, or a current or ex boyfriend or girlfriend | 03 |
| d. | Parent or step-parent | 04 |
| e. | Relative other than a husband or parent or step-parent | 05 |
| f. | Someone you know in a professional context, such as a co-worker, health professional, or professional caretaker | 06 |
| g. | Some other acquaintance or friend | 08 |
| | or | |
| h. | Someone else (specify) _____ | 10 |
| | Don't know/not sure | 77 |
| | Refused | 99 |

If MA25.2 = 1,2 continue with MA25.4. Else go to SECTION 26: PARTNER VIOLENCE.

MA25.4 **Who did you tell about this most recent incident, if you told anyone? Did you tell a(n)....**

- | | Yes | No | DK/NS | REF |
|--|-----|----|-------|-----|
| a. Friend | 1 | 2 | 7 | 9 |
| b. Family member | 1 | 2 | 7 | 9 |
| c. Member of the clergy | 1 | 2 | 7 | 9 |
| d. Medical provider | 1 | 2 | 7 | 9 |
| e. Police | 1 | 2 | 7 | 9 |
| f. Rape crisis hotline/counselor | 1 | 2 | 7 | 9 |
| g. Therapist | 1 | 2 | 7 | 9 |
| h. Anyone else (specify)_____ | 1 | 2 | 7 | 9 |

SECTION 26: PARTNER VIOLENCE

This final section is about physical violence you have experienced. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. Physical violence includes incidents involving a stranger, acquaintance, friend, family member, or someone you are in a relationship with. By physical violence we mean being pushed, slapped or hit, made to take part in any sexual activity when you didn't want to, or otherwise harmed by another person.

MA26.1 During the past 12 months, have you experienced any physical violence?

<u>Do not include</u>	Yes	1
<u>situations that</u>	No GO TO MA26.3	2
<u>involve threats,</u>	Don't know/Not sure GO TO MA26.3	7
<u>but no physical</u>	Refused GO TO MA26.3	9
<u>violence</u>		

MA26.2 At any time in the past 12 months was physical violence inflicted by... *?

- a. *a stranger?
- b. *a current or ex-husband or live-in partner?
- c. *a date, or a current or ex-boyfriend or girlfriend NOT living with you?
- d. *a relative other than a husband?
- e. *some OTHER acquaintance or friend?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

The next questions ask about "intimate partners" of yours which include any current or former husband, partner, boyfriend or girlfriend. Dates would also be considered intimate partners.

MA26.3 In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of an intimate partner?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA26.4 At any time during the past 12 months, has an intimate partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Continue if any 'yes' response to MA26.2b, MA26.2c, MA26.3, or MA26.4. If not, skip to statement at end of section.

MA26.5 In the past 12 months, have any of the following resulted from the physical violence, anger, threats or controlling behavior of an intimate partner?
Have you...*?

- a. *been unemployed or missed time at work?
- b. *been unable to attend school or missed time at school?
- c. *moved out, even temporarily?
- d. *had contact with the police?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA26.6 In the past 12 months, have you done any of the following as a result of the physical violence, anger, threats or controlling behavior of an intimate partner?

- a. *sought medical help for yourself?
- b. *sought counseling or therapy for yourself?
- c. *sought help from a domestic violence hotline or program?
- d. *sought help for your children? (Ask only if respondent reported children in the household)
- e. *obtained a restraining order or had one in effect? (Includes temporary, permanent and/or emergency restraining orders; Also known as protective orders or 209As.)
- f. *sought to break up, separate or divorce?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA26.7 (Ask only if 'yes' to MA26.6e) In the past 12 months, did an intimate partner violate an active restraining order, whether or not the violation was reported?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA26.8 Is a *current* intimate partner responsible for any of the physical violence, anger, threats or controlling behavior we've discussed?

Yes, [a <i>current</i> intimate partner is responsible]	1
No, [only <i>former</i> intimate partner(s) is/are responsible]	2
Don't know/Not sure	7
Refused	9

If you or anyone you know is ever in immediate danger, you can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened or controlled by an intimate partner. Would you like the hotline's number? **[If yes, continue]** The hotline's number is 1-800-799-SAFE (7233).

Go to MA28.1.

SECTION 27: ELDER HEALTH

This is the final section. I would like to ask you about some everyday activities. Because of a health or physical problem, do you have any difficulty doing the following activities? Please tell me for each activity whether you have no difficulty at all, some difficulty, or if you are unable to do the activity.

(If respondent indicates that they have already answered these questions, that they have no health or physical problems, or that they have no difficulties, please explain that we are asking these questions because we are trying to understand the best way to collect this information in order to better meet the health needs of Massachusetts seniors.)

MA27.1 Because of a health or physical problem, do you have any difficulty fully bathing or showering yourself without help?

a. No difficulty	1
b. Some difficulty	2
c. Not able to do it	3
Don't know/Not sure	7
Refused	9

MA27.2 Because of a health or physical problem, do you have any difficulty dressing and grooming yourself without help?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.3 Because of a health or physical problem, do you have any difficulty eating food and drinking liquids yourself without help?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.4 Because of a health or physical problem, do you have any difficulty moving in and out of bed or a chair without help?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.5 Because of a health or physical problem, do you have any difficulty using the toilet without help?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.6 Because of a health or physical problem, do you have any difficulty voluntarily controlling your bladder or your bowels?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.7 Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.8 Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? For example, travel alone on buses, taxis, or drive a car. Would you say that you have no difficulty, some difficulty, or you are unable to do it?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.9 Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects? Would you say that you have no difficulty, some difficulty, or you are unable to do it?

- | | | |
|----|---------------------|---|
| a. | No difficulty | 1 |
| b. | Some difficulty | 2 |
| c. | Not able to do it | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Next, I would like to ask you about your hearing.

MA27.10 Do you wear a hearing aid every day?

- | | | |
|----|---------------------|---|
| a. | Yes, one ear | 1 |
| b. | Yes, both ears | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.11 Can you hear most of the things people say (with a hearing aid if that is how you hear best)?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Next, I would like to ask you about your vision. If you use glasses or contact lenses, please answer according to the way you see with them.

MA27.12 Do you have vision in both eyes or only one eye?

- | | | |
|----|-----------------------------|---|
| a. | Yes, both eyes | 1 |
| b. | Yes, only one eye | 2 |
| c. | No, I am blind in both eyes | 3 |
| | Go to MA28.1 | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA27.13 Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 28: PERMISSION FOR FOLLOW-UP SURVEY

MA28.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

At the end of the survey, after the closing statement, the following two questions are answered by the interviewer:

In what language was the interview completed?

- | | |
|----------------|---|
| English | 1 |
| Spanish | 2 |
| Portuguese | 3 |
| Haitian Creole | 4 |
| Cantonese | 5 |

Did the respondent hang up before completing the interview?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |